



**COUNTY OF MAUI
DEPARTMENT OF PUBLIC WORKS
& ENVIRONMENTAL MANAGEMENT
200 S. High Street
Wailuku, Maui, Hawai'i 96793
Tel: (808) 270-7874 Fax: (808) 270-7843
www.mauicounty.gov/recycle**

General Information, Grant Application Summary, Full Grant Application, and Instructions For:

**MAUI COUNTY PUBLIC WORKS & ENVIRONMENTAL MANAGEMENT
RECYCLING GRANTS (FY 2007)**

1. Fill out the grant application Summary and return it by **Tuesday, February 21, 2006, 4 PM**. If you are approved to submit a full grant application you will be contacted.
2. **Full Application** and **ALL** required supporting documents must be received by the Department of Public Works & Waste Management, Solid Waste Division, Recycling Section, at the above address by the deadline time and date listed below.
3. Mailed applications and all required supporting documents must be postmarked **No Later Than March 15, 2006**. Neighbor island and Hana applicants should complete the application in time for submission by the deadline date. **NO EXCEPTIONS**.
4. **Original copy** of the grant application must be signed and dated.
5. Attend the Grant Application Workshop on Friday, February 17, 2:30 PM, 3rd floor Public Works Conference Room, County of Maui Building, 200 S. High St., Wailuku.

***** DEADLINE: FOR FULL GRANT APPLICATION
AND ALL DOCUMENTATION IS
MARCH 15, 2006 at 12:00 Noon*****

The DPWEM, Solid Waste Division, Recycling Section staff will be available during the application preparation period to provide technical assistance and information regarding the Public Works and Waste Management Recycling Grants (DPWEM) program. Please call if you need assistance or information on the preparation and submission of this grant application and/or supporting documents.

If you need more information or assistance, please call: 270-7874.

Revised: 1/19/06

NOTICE OF GRANT FUNDS

Notice is hereby given that the County of Maui is soliciting grant applications/proposals from the public for the use of available funds from the:

**PUBLIC WORKS & ENVIRONMENTAL MANAGEMENT
RECYCLING GRANT PROGRAM
FISCAL YEAR 2007
Estimated Funds Available - \$100,000**

Applications are available beginning Monday, January 30, 8am to 4pm at the Solid Waste Division, Recycling Section, One Main Plaza Building, Suite 225, 2200 Main Street, Wailuku, Maui, Hawaii 96793. The application will also be available on line at www.county.gov/recycle. A recommended grant application workshop will be held Friday, February 17, 2:30 PM in the Public Works 3rd floor conference room. If the applicant lives on Molokai or Lanai, or cannot attend the workshop, please call to make an appointment with the Recycling Coordinator. Deadline for the completed preliminary Grant Application Summary is Tuesday, February 21 at 4pm. Summaries will be reviewed and applicants will be notified if they have been accepted to complete the Public Works Recycling Grant Application. Submittal of the Grant Application does not guarantee funding. Deadline for the completed grant application is Wednesday, March 15, at 12 noon. All accepted applicants are responsible to ensure that all required documents are submitted and verified for completeness by the Recycling Section prior to the submittal date. For more information call the Recycling Section at 270-7874. For those calling from Lanai, call 1-800-272-0125, and from Molokai, call 1-800-272-0117.

Projects must be consistent with the goals of the Recycling Section, Solid Waste Division, Public Works & Environmental Management Department, and focus on landfill diversion, education and improvements of existing programs.

AUTHORIZED By: (Sgd.) Milton M. Arakawa, A.I.C.P.
Director DPW&EM

(MN: January 27 & 29)

GRANT APPLICATION SUMMARY

FY 2007

PUBLIC WORKS & ENVIRONMENTAL MANAGEMENT RECYCLING GRANT

Please submit 5 copies

Due Date Tuesday, February 21, 4:00 PM

ONE MAIN PLAZA SUITE 225

808-270-7874, www.mauicounty.gov/recycle

Project Name: _____

Legal Name: _____

Address: _____

Project Manager: _____

Signature: _____

Phone #: _____

Fax Number: _____

E-mail _____

Estimated Grant Amount Requested: \$ _____

In 100 words or less please describe purpose of grant:

Answer all of the following eight questions:

1. What percentage of the annual operating budget for this project does this grant request represent? ____%.
2. What percentage of this grant request is for:
____%education, ____%marketing and for promotion,
____%diversion, ____%processing (including equipment),
____%manufacturing (including equipment).
____%other
3. If the grant request is for education, explain how the effectiveness of the education program will be measured.

4. If the grant request is for marketing, and or promotion explain how the effectiveness of the marketing campaign will be measured.
5. If grant request is for diversion, processing, including equipment how many estimated tons will be diverted from landfill? If more than one material, identify quantity of each.
6. If the grant request is for manufacturing (including equipment), what will be the increase in productivity? How will the grant for manufacturing allow the enterprise to be more profitable?
7. What percentage of the grant will be for:
_____ % salaries, benefits, payroll taxes, worker's comp.ins.
_____ % liability insurance
_____ % equipment
_____ % sub-contractor
_____ % other _____
8. Attach an estimated one page budget based on total grant funds requested. Give an estimate value of in kind services.

COUNTY OF MAUI
PUBLIC WORKS & ENVIRONMENTAL MANAGEMENT
RECYCLING GRANTS (FY2007)
FULL APPLICATION INSTRUCTIONS

Policies

1. Only **one (1)** application will be accepted per agency/organization. All projects must be incorporated into a single grant application. Multiple applications from a single agency **will not be accepted.**
2. Umbrella Application:
An Umbrella application is defined as a request for funding submitted by a current and viable 501(c)(3) or (4) nonprofit organization on behalf of another group or entity. The purpose for which is to provide the group or entity with endorsement, viability and/or fiscal, administrative or program oversight.

Preparation

1. Use **only** the **current year** grant application and budget forms.
2. Narrative answers must not exceed **5 pages total** including the Executive Summary pages (*Not including attachments*). Answer questions in the order in which they appear. Type the question immediately preceding each answer.
3. **12-point** font/typeface is required for narrative. For all tables, 8-point font/type face is allowed
4. Attachments: - -Include ONLY REQUIRED attachments. Place attachments in sequential order. Indicate the corresponding section, on each attachment.
5. **Do** enclose or attach brochures, flyers, photos, letters of support, client testimonies, maps, menus, evaluation tools, graphs/tables/charts, etc.
6. **Do not** place the completed application in a binder or folder of any kind. Securely fasten the proposal.

Submission Format

Please submit proposal documents in the following order:

- a. Application (Pages 1-4)
- b. Narrative responses
- c. Narrative attachments
- d. Budget tables
- e. Budget attachments
- f. Supporting Documents

NARRATIVE QUESTIONS INSTRUCTIONS

- ❖ Provide narrative responses in each of the topical categories listed below.
- ❖ Place name of agency and program on the first page of the narrative (Executive Summary).
- ❖ Answer the questions in the order in which they appear.
- ❖ 12-Point font/typface is required. For all tables, 8-point font/typface is allowed.
- ❖ The Narrative Questions section must not exceed a total of **5 pages** -- including the Executive Summary.

PROGRAM / SERVICE DESCRIPTION

A. Executive Summary:

Provide a comprehensive overview of the proposed program(s) or service(s) to be delivered. Please limit executive summary to one or two paragraphs for a maximum of 150 words.

B. Need:

What is the problem/need the proposed program is designed to meet?

D. Goal(s) and Objectives:

Clearly state the goal(s) of the program and the specific objectives to be achieved. **Goals must be specific and have measurable results (i.e. outputs and/or outcomes).**

E. Delivery Plans:

Please provide a clear and specific description of the proposed delivery of service.

Detail the strategies, activities, and time line in such a way that a clear linkage is shown with program goals and objectives.



F. Evaluation:

Describe how you will evaluate the program to ensure that goals and objectives are met and that the desired outcome will be provided.

G. Budget:

Describe how the requested funds will be utilized to achieve the proposed goals and objectives. Explain any deviations from prior year grant budget. This narrative section should dovetail with the budget tables.

Remember:

-  Original signature(s) must be affixed on the application form (pg.5).
-  Attach the first page of the grant application to the narrative and budget of each of the five (5) copies. (See: Supporting Documents Checklist.)

PUBLIC WORKS & ENVIRONMENTAL MANAGEMENT

RECYCLING GRANTS (FY 2007)

SUPPORTING DOCUMENTS CHECKLIST

In accordance with the rules and regulations to seek a grant of County funds, please submit the following documents or items **in the order listed below:**

- ___ **One (1) complete ORIGINAL** grant application - signed and dated - with **all** supporting documents.
- ___ **Five (5) copies of:** First page of the application and completed narrative and budget sections.

I. ONE (1) OF EACH OF THE FOLLOWING DOCUMENTS:

Attach only to the **ORIGINAL** grant application document, not the copies.

- ___ **ORGANIZATION FLOWCHART** (show placement of proposed program within the organization)

- ___ **LIST OF CURRENT BOARD OF DIRECTORS** and Officers to include:

- ◆ Dates of expiration of terms of office
- ◆ Addresses and phone numbers of board members
- ◆ Board of Directors meeting schedule for FY2007

- ___ **ANNUAL FINANCIAL STATEMENTS** - Agency's past two (2) years' annual financial statements:

- 1) Prepared by a qualified accountant and approved/signed by the Executive Director; **OR**
- 2) Prepared and signed by a Certified Public Accountant (CPA).

- ___ **CURRENT AUDIT** - All nonprofit and profit organizations **must** have an audit prepared by an independent CPA at least every **three (3) years**. (**See: Item IV, Qualifying Standards, Records and Reports**)

- ___ **IRS FORM 990** - Most current document for fiscal/calendar year.

- ___ **SUPPORTING DOCUMENTS AFFIDAVIT** - Signed by the Executive Director and Board Chairperson. (***SEE: Instructions to determine if this document applies to your application**).

II. IF YOU ARE A NEW AGENCY, OR, IF YOU HAVE NOT SUBMITTED A DPW&EM RECYCLING GRANT APPLICATION WITHIN THE PAST THREE (3) YEARS, YOU MUST SUBMIT ALL OF THE ABOVE DOCUMENTS AND THE FOLLOWING:

- ___ **INTERNAL REVENUE SERVICE (IRS) LETTER** - Verification of agency's nonprofit tax-exempt status; **OR**, verification of current tax status for profit organizations (whichever applies.)

- ___ **ARTICLES OF INCORPORATION** - Must be signed and dated.

- ___ **BYLAWS** - Must contain specific clauses regarding nepotism and conflict of interest and must be signed and dated.

COUNTY OF MAUI
PUBLIC WORKS & ENVIRONMENTAL MANAGEMENT RECYCLING GRANT
(FY2007)

SUPPORTING DOCUMENTS AFFIDAVIT

You may submit this form if:

- ❖ You are receiving County funds for FY 2006 under Public Works and Environmental Management Recycling Grant or Line Item funding and your contract is currently being administered by the DPWEM Solid Waste Division, Recycling Section or:
- ❖ There have been **NO** changes in your agency/organization Bylaws or Articles of Incorporation OR Nonprofit 501 (c)(3) or (4) status within the past year.

Do not use this form if:

You are submitting a Public Works & Environmental Management Recycling Grant application for the first time. (If you are submitting a Public Works & Environmental Management Recycling Grant application for the first time, you must submit **all** of the documents specified in the **Supporting Documents Checklist**).

(Please check all that apply)

- ☐ This agency is currently a valid 501 (c)(3) or (4) organization. There has been no change in the nonprofit status of this agency within the past year.
- ☐ There have been no changes, additions, deletions or amendments to the existing and lawfully executed **Bylaws** of this agency/organization within the past year.
- ☐ There have been no changes, additions, deletions or amendments to the existing and lawfully executed **Articles of Incorporation** of this agency/organization within the past year.

I hereby certify that the information provided above is true and correct to the best of my knowledge.

Name of Organization

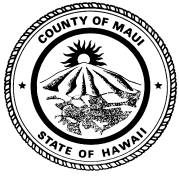
Address

Executive Director - Signature

Date

Board President/Chairperson - Signature

Date



MAUI COUNTY
DEPARTMENT OF PUBLIC WORKS & ENVIRONMENTAL MANAGEMENT
RECYCLING GRANT APPLICATION
FISCAL YEAR 2007

FISCAL YEAR ENDING: June 30, 2007

DATE OF APPLICATION: _____

GRANT APPLICATION FOR: _____
(Project Title)

Legal Name of Organization: _____

Mailing Address: _____

Facility/Site Address: _____

Director/Manager: _____ Phone: _____

Fax: _____ E-mail: _____

Contact Person (Grant Writer): _____ Phone: _____

Fax: _____ E-mail: _____

Amount of request for County Grant funds: \$ _____

Total annual budget of agency/organization: \$ _____

Has the applicant applied for any other funds from the County of Maui for this fiscal year?

☐ No ☐ Yes If yes, Source/Department: _____

In one (1) sentence, for each program or project, **DEFINE THE PROGRAM** for which funding is being requested:

*** Remember: Include 5 copies of this Page with five copies of the Narrative and Budget Sections.**

I. QUALIFYING STANDARDS FOR APPLICANTS

Applicants must meet **ALL** of the following standards: *(Please check)*

- ☐ As a nonprofit organization, have a board of directors whose members have no conflict of interest and serve without compensation;
- ☐ Be current in all state, federal and local tax payments;
- ☐ Be licensed and accredited in accordance with applicable requirements of federal, state and county governments, as necessary;
- ☐ Be a profit organization incorporated under the laws of the State of Hawaii, or a nonprofit organization determined to be exempt from federal income tax by the Internal Revenue Service and in good standing with the State Department of Commerce & Consumer Affairs;
- ☐ Have **signed and dated** Bylaws, which include provisions relating to nepotism and potential conflict of interest. **Signed and dated** Charter of Incorporation, and policies which describes the manner in which business is conducted. Such policies shall include: Non-discrimination in hiring and client services, sexual harassment, financial audit requirements and fiscal procedures;
- ☐ Have written policies and procedures specifying agency and program practices and compliance standards for maintaining an alcohol, tobacco and drug free workplace environment;
- ☐ Comply with all conditions pertaining to grant budget revisions as specified in DPWEM, RECYCLING budget revision implementation and reporting policies and procedures;

II. GRANT CONDITIONS

The applicant agrees to comply with the following terms & conditions prior to receiving a grant award:

- A.** Employ and/or have under contract such persons as are qualified to engage in the activity to be funded in whole or in part by the County; provided that for nonprofit organizations, no two or more members of a family or kin of the first or second degree shall be employed or under contract by the organization; provided further that no salary or benefit increases by the organization shall be made with public funds unless said increases receive prior approval in writing by the Director of the DPWEM and such approval is made a part of the agency contract record;
- B.** Comply with applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, physical handicap, marital status, parental status, arrest and court record, National Guard participation, or AIDS/HIV infection;
- C.** Agree not to use County funds for purposes of entertainment perquisites (including food), or any other expenditures not directly related to the approved goals and objectives of the project;
- D.** Comply with such other requirements to ensure adherence by the provider or recipient with federal, state, and county laws; and
- E.** Allow DPWEM Grants Management staff and/or County Auditors full access to records, reports, files, and other related documents in order that the program, management, administrative and fiscal practices of the recipient may be monitored and evaluated to assure the proper and effective expenditure of public funds.

III. CONTRACTS

Contracts are awarded and grant funds are disbursed only by the County Director of Finance upon successful execution of a Grant Agreement of County Funds contract document by all parties, including signatures,

certification of funds, notarizations, and the inclusion of corporate and County seals. The terms of this grant application shall be incorporated therein. Each grant agreement shall expressly state that the recipient or provider is an independent contractor and is not an employee of the County and provide that the recipient or provider shall indemnify and hold harmless the County, the appropriate contracting agency, and the involved officers, employees, and agents from and against all claims, damages, or costs arising out of or in connection with the acts or omissions of the recipient or provider.

IV. RECORDS AND REPORTS

Applicant will provide (if applicable) a copy of the most recent management letter from the organization CPAs (if none was issued, documentation explaining such will be provided) and will keep records and prepare reports, including detailed, **separate** financial records relating to funds received from the County. All accounts shall be prepared and maintained according to generally accepted accounting principles and as otherwise prescribed by law. The applicant will maintain such accounts and documents as will serve to permit expeditious determination to be made at any time of the status of funds within the award, including the disposition of all grant monies received and the nature and amount of all charges claimed to be against such funds.

A. Reporting Requirements: At the end of each quarter of the fiscal year, each recipient of a grant of County funds must submit to the DPWEM a **Quarterly Allocation Report** (QAR) according to the provisions specified below which will contain at least the following information:

1. Services provided, annual goals of numbers served and demographic information;
2. A narrative report of program status in relation to goals, objectives, action steps and outcomes;
3. Financial status report and verification documents pertaining to County funds received and used to date;
4. Any other agency or program information, statistics or documentation as may be specified in the Grant Agreement of County Funds or requested or required by the DPWWM for the purposes of grant management and/or agency or program performance evaluation.

V. QUARTERLY ALLOCATION OF FUNDS

Grant funds will be disbursed to Grantees through a quarterly allocation process that shall include complete documentation and verification of expenses incurred. Allowable expenses include those itemized in the grant application budget and approved by the Director of the DPWEM. The funds disbursement schedule is formulated on an equal quarterly percentage basis. The amount or percentage of a recipient's quarterly allotment payments may vary in accordance with expenditures reported in the QAR. The DPWEM may make adjustments to the amount paid quarterly (subsequent to the first allotment payment) pursuant to the conditions for payment specified in the Grant Agreement of County Funds.

VI. RECOGNITION

The grant recipient shall ensure that the County receives appropriate recognition in all printed, audio/video, publicity and/or advertising materials, activities or events paid for in part or in full by funds provided by the County of Maui.

VII. GRIEVANCE PROCEDURE

The applicant will adopt and maintain a grievance procedure to assure proper accounting for any concerns and complaints about its programs or services that may arise from its members, employees, clients or from other members of the public.

VIII. DISCLOSURE OF INFORMATION

All information, data, or any other material provided to the County by virtue of this application shall be subject to the Uniform Information Practices Act (UIPA), Chapter 92F, Hawaii Revised Statutes. All such material is deemed government record, open to the public and may be provided to other public and/or private funding sources.

IX. CONTINUED ELIGIBILITY

Any applicant or recipient who withholds or omits any material facts or deliberately misrepresents such facts to the County of Maui shall: 1) immediately be disqualified from consideration for DPWEM funding; **OR** 2) be in violation of the terms of the Grant Agreement of County Funds in which case a grant agreement can be terminated by the County and the recipient or provider may be liable to reimburse all or a portion of any funds received therein.

Such recipient or provider shall be prohibited from receiving any grant, subsidy or purchase of service agreement from the County of Maui for a period of up to **five (5) years**.

X. ACKNOWLEDGMENT

(Legal Name of Organization)

hereby agrees to administer the _____
(Program Title)

in accordance with the regulations, policies and procedures prescribed by the Maui County Department of Public Works & Environmental Management. Distribution of DPWEM grant funds is limited to grantees which are in full compliance with DPWEM regulations, policies and procedures. DPWEM reserves the right to withhold grant distributions at any time the grantee is deemed not to be in compliance. It is the policy of the County of Maui and for those who do business with the County to provide equal employment opportunities to all persons regardless of race, physical disabilities, color, religion, sex, age, national origin or AIDS/HIV infection status as mandated by the Federal Civil Rights Acts, as amended, and any other federal or state laws relating to equal employment opportunities.

XI. AMENDMENTS TO THE APPLICATION / BUDGET

The applicant hereby assures that it will submit to the DPWEM for prior review and approval, a written request and justification for any changes, additions, or deletions to any portion(s) of the grant application or a duly executed Grant Agreement of County Funds. The applicant will cooperate and assist in any effort undertaken by the DPWEM to evaluate, inspect or otherwise monitor the effectiveness, feasibility, and/or cost efficiency of any and all practices, policies and procedures or activities pursuant to this application or any grant designation or allocation received as a result of this application.

XII. AUTHORITY AND CAPACITY OF APPLICANT

The applicant hereby certifies that it has read and understands all terms, conditions and specifications subject to this application for **Public Works & Environmental Management Recycling Grant** funding and that it has the authority and capacity to develop and submit this application, and to fully administer the program(s) pursuant to this application.

UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED!

Signature

Date

Signature

Date

BUDGET JUSTIFICATION

1. BUDGET CATEGORIES		2. Current Year Budget for FY 06			3. Proposed Budget for FY 07			
		A. Total Organization Budget	B. Program Budget	C. Recycling Grant Budget	A. Total Organization Budget	B. Program Budget	C. Recycling Grant Budget	D. % Request of Program
A.	PERSONNEL COST (Attachments)							
	1. Salaries							
	2. Payroll Taxes/Assessments							
	3. Fringe Benefits							
	TOTAL PERSONNEL COST							
B.	OTHER CURRENT EXPENSES							
	1. Automobile Expenses (Attachment)							
	2. Equipment (Attachment)							
	3. Insurance							
	4. Membership Dues (Attachment)							
	5. Occupancy (Attachment)							
	6. Postage/Freight							
	7. Printing							
	8. Professional Fees (Attachment)							
	9. Publications/Subscriptions							
	10. Staff Training (Attachment))							
	11. Supplies							
	12. Telephone							
	13. Travel (Attachment)							
	14. Other (Attachment)							
	TOTAL OTHER CURRENT EXPENSES							
	BUDGET TOTAL							

Policy Statements - Must be submitted with full FY2007 grant application

NEPOTISM

No two or members of a family or kin of the first or second degree shall be employed or under contract by this organization or serve on the Board of Directors, unless specifically permitted in writing by the Board of Directors.

CONFLICT OF INTEREST

It is the policy of the Board of Directors to regularly review the agency's activities-scope of service and that relationship to the community as it relates to any possible conflict of interest by the board members or staff. Will not employ or have on the Board of Directors any individual whose independent judgment or loyalty to a client, employer or principal is or may be affected by financial business, property or personal interest. Any issue relative to a conflict of interest or perception of a conflict or interest shall be determined by the Board of Directors.

AUDIT

The Board of Directors will conduct an audit performed by an accredited Certified Public Accountant (CPA) firm at least every three years. **OR** The Board of Directors shall have an audit performed annually by an accredited Certified Public Accountant (CPA) firm.

COMPENSATION

The Board of Directors shall serve without compensation.

NON-DISCRIMINATION

It is the policy of this agency to provide equal employment opportunities to all individuals. There shall be no discrimination on the basis of, and all actions in such areas as hiring, compensation, benefits, programs, use of volunteers, delivery of client services and other sponsored activities shall be administered without regard to age, color, creed, physical or mental disability, economic status, marital status, national origin, race, religion, sex, or sexual preference as mandated by the Federal Civil Rights Acts. The policies and goals contained herein, shall be interpreted so as to be consistent with all federal and state laws relating to equal employment.

ADOPT OF POLICY STATEMENTS

I, the undersigned hereby certify that I am the _____ of
(Title)
_____ a non-profit organization
(Name of Organization)

duly organized and existing under the laws of the State of Hawaii; that the enclosed is a true copy of a policy statement duly adopted by the Board of Directors of said organization by unanimous written consent to be effective as of the _____ day of _____, 200____, and that said policy statement is in conformity with the charter and by-laws of said organization and is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name this ____ day of _____, 200____.

(Signature and Title)

COUNTY OF MAUI, PUBLIC WORKS & ENVIRONMENTAL MANAGEMENT
RECYCLING GRANT
SOLID WASTE DIVISION, RECYCLING SECTION
FY 2007: JULY 1, 2006 TO JUNE 30, 2007

GRANT AMOUNT	(-)Previous Payments	(-)This Request	= Grant Balance

Approved By: _____

SOLID WASTE DIVISION CHIEF	Date	RECYCLING COORDINATOR	Date
----------------------------	------	-----------------------	------

<div> <input checked="" type="checkbox"/> </div>						For Office Use Only
	Qtr	Pmt #	Description	Amount Received	Cumulative Amount Rec'd	
<input type="checkbox"/>	0	1	25% Advance Payment			
<input type="checkbox"/>	1st	2	25% or cumulative payments not to exceed 50% of Grant			
<input type="checkbox"/>	2nd	3	25% or cumulative payments not to exceed 75% of Grant			
<input type="checkbox"/>	3rd	4	15% or cumulative payments not to exceed 90% of Grant			
<input type="checkbox"/>	4th	5	10% or cumulative payments not to exceed 100% of Grant			

1. Grant Amount	
2. YTD Expenditures (Total on column "C", pg. 2)	
3. Previous Payments Received (Should equal to Previous Payments; see above)	
4. Difference (Line 2 minus line 3. If amount is negative, reflect as "0")	
5. 10% of Line # 1	
6. Allotment Payment (Line 4 or line 5; whichever is less)	
7. Amt. of funds to be lapsed	

Exhibit “A”

QUARTERLY ALLOTMENT BUDGET REPORT for RECYCLING COUNTY GRANT FUNDS ONLY

Organization: Program: Grant No. :	<input type="checkbox"/> July to September <input type="checkbox"/> October to December <input type="checkbox"/> January to March <input type="checkbox"/> April to June <input type="checkbox"/> Final Payment - Attach Tax Clearance (if needed)			
CATEGORY	THIS COUNTY GRANT ONLY			
	(A) Grant Amount	(B) Current Quarter Expenditures	(C) YTD Expenditures	(C ÷ A) %
1. Personnel Costs				
OPERATING EXPENSES				
1. Auto Gas Purchases				
2. Auto Mileage				
3. Equipment (attach invoices)				
4. Insurance (attach invoices)				
5. Membership Dues				
6. Occupancy - Rent				
7. Postage/Freight				
8. Printing				
9. Professional Fees (attach invoices)				
10. Publications/ Subscriptions				
11. Staff Training				
12. Supplies				
13. Telephone				
14. Travel				
15. Other-specify (attach invoices)				
TOTAL				

THE COUNTY OF MAUI RESERVES THE RIGHT TO REQUEST ANY DOCUMENTATION AND/OR VERIFICATION OF EXPENSES STATED.
C:\Documents and Settings\cbbar\Desktop\Grant Application PWFY2007.wpd

PROGRAM STATUS NARRATIVE REPORT

Must be completed for each quarter

1. List each program goal/benchmark for this program year.
2. What objectives/action steps were completed this quarter for each goal?
3. What measurable outcomes were achieved this quarter?
4. What program challenges occurred this quarter and how were they addressed and/or resolved?
5. What objectives/actions steps will be accomplished during the next quarter?
6. What staffing changes occurred this quarter, and what are pending?

Prepared by:

Signature

Date

Signature

Date